is necessory,

MEDICAL EXAMINER:

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

P . S . C . C . C . C . C AUDIO TO STADELLE GENTRE OF DESCRIP I do soli STORES IN + 1. 3 1 10 00 1 والمستراك والمسترك والمستراك والمستراك والمستراك والمستراك والمستراك والمستراك والمسترك والمستراك والمستراك والمستراك والمستراك والمستراك والمسترك (----

VS A15 (4) 1SM 9/SS

5667 CERTIFICATE OF DEATH

Reg. Dist. No. 6786

1. PLACE OF DEATH o. COUNTY	1		MARYLAN		usual RESIDENCE (W o. STATE Maryland		b. COUNTY		before admi	ssion)
b. CITY OR TOWN (If RURAL and give nec	rest town)	ls, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest tov	vn)
ELKTOY d. NAME OF HOSPITA		5a			Elkton				10.00	SIDENCE
OR INSTITUTION		011	oddress)	/	d. STREET ADDRESS				ON	A FARM?
Unic	n Hospit	al			R.D.# 4	Ŀ			YES [NO 🗆
3. NAME OF DECEASED (Type or print)	Fir Will		Middle H •	A	llen	4. DATE OF DEATH	Mon Mav	oth 30	Day	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARR	HED T NEVER MARRIED	7 B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.
Male	White	WIDOW	-		,	1872	lost birthday) O yrs.		ys Hours	
10a. USUAL OCCUPATION	N (Give kind of work on glife, even if retired)	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)			T COUNTRY?
Farmer	g me, even il temes		Farming		Marylar	nd		T	I.S.A	•
13. FATHER'S NAME		,		1.	. MOTHER'S MAIDEN	NAME			111	
गता न	lliam H.	A77	an		Susan (Treme	p			
15. WAS DECEASED EVER		CES? 16.		7. INFO	RMANT		Add	R.	D.#	4
		72 -		Wrs	. Walter	Hende	erson, i	TRUUL	, IVICI	•
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate the under- (c)	, la	contributing to DEATH	BUT NO	Reverse TRELATED TO THE TERM	acles	E CONDITION GIV		ONSET AN	AUTOPSY ORMED?
PART II. OTHI	AEDICAL EXAMINER)		CRIBE HOW INJURY OCCU		nter nature of injury in	15		(Cou		NO (Stole)
20c. TIME OF INJURY Hour a. m. p. m.	19	While at wor	Not while	foctory	, street, office bldg., et	c.)	or town)	(000	,	(31016)
21. I certify the alive on	at I attended the	deceas	ed from 5/15 , and that de	M.D.	, 1960, to scurred at 1.3		/		date sta	
220. BURIAL, CREMATION REMOVAL (SPECIFY) 23. FUNGAL DIRECTOR'S	James	1960 Vie	John bon ADDRESS CAN CONTROL OF CEMETERS CAN CONTROL OF CAN CONTROL OF CEMETERS CAN CONTROL OF CAN CONTRO	LE LE	ematory emiting f. Moate	DBY REGIST		STRAR'S SIGN		enty

	TE OF DEATH LE			
W.H.M.R.F.H.MSTEFT				
As a large state of the state o	A STATE OF	The second second		
			A CONTRACTOR	
	THE THE PARTY AND THE			

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
FCCC	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

05643 Reg. Dist. No.

	wag. Dist. 110.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chasaptake City Lifetime	X Chesahaake Cita
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Morgan Mursing Home	Bethel Rd. YES NO
3. NAME OF DECEASED (Type or print) First Middle C/EMEUT	Borser 4. DATE Month Day Year DEATH 172- 10 196
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HI
M WIDOWED DIVORCED	Dec. 19, 1871 lost birthday) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
Boot Moster Canal bosts	Md. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Borger	Katherine Schreiber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes. no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address
NO 221-20-8510 H	tenry Borger Chesopeake City
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REMAINED	10. VC
4446 V DUE TO	
Conditions, if any, which) By Nethernson les	rensis sturie Years
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c) AI-TEMIOSCICE	rosis ocneralized swer Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stotory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While of work of work 20e. PLA foc	iory, sireer, office blugs, etc.)
21. I certify that I attended the deceased from May	4, 1960 to 172 / 10, 150, that I last saw the deced
	occurred at 1.2.7M, from the causes and on the date stated abo
direction of the state of the s	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
SIGNATURE // selection & flection	MD. 123 Jinserly Ave
PHYSICIAN'S TILLIS ON D. JOHNSON	Elkton Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
BURIAL (Specify) MAY 131960 BETHEL CL	EMETERY WR CHESAPEANE CITY, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
PIPPIN FINEML HOME Small to Dee IN	74 PATE MAY 1 6 '60 0 0 11

		The Part of the Control of the Contr		
		of Daniel medical		
			0.2250	200
Sales and and a second	21113 700	G. L. M. C.		44
		, ^en :		
		, "es. ;	ALL DESIGNATION OF THE PARTY OF	
STATE OF THE PARTY	BEACHEN.	american less	No. of Comments	
	3030 5 3	STATE NAME		
Contract Algering & Line Virginia				
			Market Street	
A PAGE 1				
The second state of the second	1 4 (2)	MILE AND SHAPE	area are belowed to be	
the state who will be transfer a good man of			Market Market	A No relief
			College State	
	Sin A			
				Sept Child
AND STORY AND STORY		DIE IV DES ES AUGUST		
THE STATE STATE OF THE STATE OF	THE RESERVE TO THE PARTY OF			

is necessary, please exe-ector. Page 4 should be cremotian, PLACE OF DEATH e. COUNTY b. COUNTY Cecil MARYLAND burial, b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Middletoen R.D.2 Middle town R.D.2 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle 4. DATE Month DECEASED OF DEATH Elizabeth Collins (Type or print) Lena for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE IIn years last birthday) 11-28-1887 2 with t WIDOWED TO DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Delaware Housewife 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME poges R. Degan Anna Caleb S. Cannon Pages 5 oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give -20-061 PM3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (o) burial-transit **DUE TO** Conditions, if any, which pencil gove rise to immediate cause along **DUE TO** (o) stating the underlying couse last 0 Office OS 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exam shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Medical Poge 3 sh foctory, street, office bldg., etc.) Not while d. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . ta the Chief / DIRECTOR: F death resulted from: Natural causes X Accident . Suicide . Homicide , ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER PA DEPUTY **EXAMINER'S** R.C.Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY p REMOVAL (Specify) 0 Fellove Duilal 60 TADO OHLY Tha **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR ELKTOK VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Cecil: c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 60 19 IFUNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Gilbert Collins. Middletown R.D.2. Del. INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TE (County) (State) Inquiry Undetermined cause DATE SIGNED 5-26-60 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE arthur S. Kraud

And the second s
Total Comment of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed-with the registror prior to burial, cremation, or remayal, and in ony event within 72 haurs after death.

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
5668	CERTIFICATE	OF DEATH	

Reg.		n	5	C	1	1	
Reg.	Dist.	W	8.)	U	35	+)	

	1. PLACE OF DEATH G. COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (V a. STATE Mary	Where deceased live 1 and	ed. If instituti b. COUNTY	an: Residence be	are admiss	sian)
	b. CITY OR TOWN (If outside corpora RURAL and give nearest tawn) E1kton	te limits, write c.	LENGTH OF STAY IN 16 7 weeks	c. CITY OR TOWN (IF	autside carporate	limits, write R	URAL ond give n	earest tawr	n)
	d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION 142 W. Main St.		dress)	d. STREET ADDRESS					SIDENCE A FARM? NO X
	3. NAME OF DECEASED (Type or print)	len	Middle	Creswell	4. DATE OF DEATH	Mor 5	1	-/	Year 19 60
	5. SEX 6. COLOR OR Whit		DIVORCED DIVORCED	B. DATE OF BIRTH NOV.15,1878		AGE (In years last birthday) I yrs.	Manths Days	R IF UNDI Haurs	Min.
	100. USUAL OCCUPATION (Give kind of during most of working life, even if Supply Depot, U.	retired)		tion Mary	1and	iry)	12. CITIZEN C	SA	OUNTRY?
_	13. FATHER'S NAME Eden W. Cr	esw ell			NAME garet Ja	ckson			
I	(Yas, no, or unknown) (If yes, give war or de		None	Mrs Mary He	enry	Add	Elkto	n,Md.	
7	Canditians, if any, which)	(b) UE TO (c)	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERI	MINAL DISEASE C	ONDITION GIV	VEN IN PART 1(a)	PERFC	AUTOPSY DRMED3
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	y, Year 20d. INJU 19 White of wark	IRY OCCURRED 20e. P	h accurred a3:15p	rm, 20f. (City ar	tawn) causes and to the city or tawn,		w the core states	(State)
	220. BURIAL, CREMATION, REMOVAL (Specify) May 4		Asbury Metho	dist Cem.		eposit	or county) (Rural) STRAR'S SIGNAT		(1and
	23. FUNERAL DIRECTOR'S SIGNATURE OSLIPH R Grant	_ N	ADDRESS North East, Ma		C'D BY REGISTRA		Ilug & K		- 9-1

tenderun versebet et e. STEEL STATE OF THE STATE OF THE

1	
ne attending physician and campletely fill to by the funeral director,	then please remave carbon papers. Pages and 2 shauld be filed with
-	and
J	5
campletely fil	oppers. Page
pue	a.
attending physician c	hen please remave carbon pa
9	2

5. SEX

CATION

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

F

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	OFDERICA TE	0	DEARLI	

05646 5681 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY L. COUNTY CECIL o. STATE CECIL MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) RISING SUN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X NAME OF First Middle 4. DATE Dollinger Month Day Year DECEASED (Type or print) ELSIE DOLLENGER DEATH MAF 70 19 60 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Doys Hours W. WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) NOONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while

22c. NAME OF CEMETERY OR CREMATORY

20c. TIME OF INJURY

Hour o. n. of work of work p. m 21. I certify that I attended the deceased from

alive an and that death accurred at.

Othat I last saw the deceased

(State)

DATE SIGNED

ACTUAL PHYSICIAN'S OY

M, fram the causes and an the date stated above.

22d. LOCATION (City town, or county)

ADDRESS (Street, city or town, state

Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

22b. DATE THEREOF

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE MAY 2 3 '60

arthur S. Hours

0 VS A15 (4) 15M 9/55

\$ \$ •. ,	CERTIFICATE OF DEATH
	A DESCRIPTION OF THE PROPERTY
AV LITE	
The same of the same	
	THE PROPERTY AND THE PR

funeral direction

should

ages

after

FILE

and

5 g

physici

attending

by

gned

been si burial-transit

тауе

please

permit.

detached

page 3 the State O FUNE

DIRECTOR:

G

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

05647

e IS RESIDENCE

Haurs

days

PERFORMED? YES TO NO

(State)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES TO NO

Year

19 60

	F
1	l
)	

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Ceci] b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Perry Point Amo 9davs Perryville. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Veterans Administration Hospital NAME OF Middle 4. DATE Last Manth DECEASED (Type or print) DEATH WALTER S. DONOVAN Mav 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) DIVORCED | WIDOWED [Male

10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Federal Perryville, Md. 14. MOTHER'S MAIDEN NAME Grace Minker

Gove S. Donovan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 220-12-5624 Ruth Donovan, wife, Perryville, Maryland

Address

Manths

Days

U.S.A

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Broncho pneumonia DUE TO pulmonary metastases, from embroyanal cell over 6mos. Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) carcinoma, left testicle PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY

during most of working life, even if retired)

Explosive Operator

13. FATHER'S NAME

Yes.

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Day, Year

23b. DATE THEREOF

20d. INJURY OCCURRED While Nat while at wark at wark 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)

(County)

21. I certify that (1) (this haspital) attended the deceased from Jan. 12. 1960, to May 21. 19 60, throtalkintereinterst SEASON DESCRIPTION OF THE COURSE OF THE COUR

Haur a. m.

ATTENDING PHYS.

22b, DATE SIGNED PHYS.

22c. PHYSICIAN'S NAME (Type

23a. BURIAL, CREMATION.

Burra (Specify)

22d. ADDRESS HOOPER. Jr. M.D. Resident in Surgery V. A. Hospital, Perry Point, Md.

5-24-1960

23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 23d. LOCATION (City, town, or county) Port Deposit .md.

24. I(UNERAL DIRECTOR'S STIGNATURE

ADDRESS

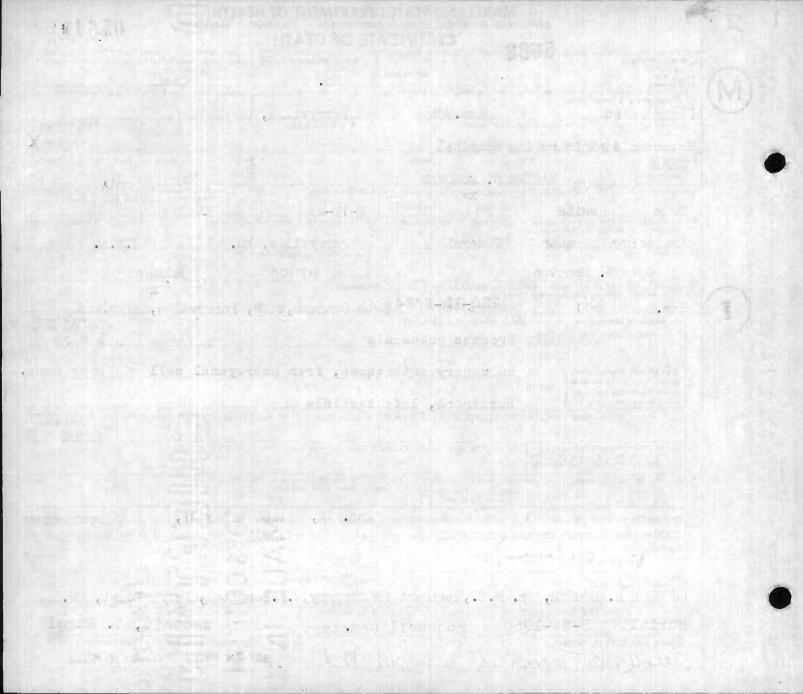
25g. REC'D BY REGISTRAR

DIRECTOR [

Cirthur & Krous

25h. REGISTRAR'S SIGNATURE

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50601CAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05648

1	PLACE OF DEATH			MA	ARYLAND	2. USUAL RE		here deced	sed lived. If b. CC	Institution: F		efare admi	ssion)
	b. CITY OR TOWN (It ond give nearest town) Elkton	outside corporate limits, writ	e RURAL	c. LENGTH OF STA	AY IN 1b	X	r town (IF		porale limits,	write RURA	L and give	nearest to	wn)
9	d. NAME OF HOSPITA Uni	on Hospit		pital, give street add	iress)	d. STREET	ADDRESS					ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Mari.e	st	Middle Dr	unn	Las	st	4. DATE OF DEATH		Month 5	7 Day		9 60
5.	SEX P	6. COLOR OR RACE	7. MARRIE			Sept.	16,1	914	9. AGE (In ye lost birthday)	yrs. IFUN	the Days	Haurs Haurs	ER 24 HRS. Min.
	during most of working Waittress: FATHER'S NAME William A	N (Give kind of work plife, even if retired) rterbridge	Res		OR INDUSTR	Md. 14. MOTHER'S Lucy I	MAIDEN N		country)		S.A.		COUNTRY?
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N		FORMANT Miles	Hart	3701		dress	e? Wi	limi na	Del
ATION	Canditions, if an gave rise to immed (a), stating the ucause last.	ate cause		INTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	O THE TERMIN	NALDISEAS	SE CONDITION	N GIVEN IN	PART I(a)		AUTOPSY RMED?
MEDICAL CERTIFICATION	20g. EXTERNAL CAUPRIMARY ar CONCAUSE OF DEATH. 20c. TIME OF INJURY	TRIBUTING [HOW INJURY OCCURRED	20e. PLAC	ter nature of in	(Home, farm,	20f. (Cit	of item 18.) y or town)		(County)		(Stale)
MEC	p. m.	at I taak charge	af the r	emains describ	ed abav	e, held an	Autapsy	,, ₁	nspection ndetermin	_	quiry [, and f	find that
	ACTUAL SIGNATURE EXAMINER'S RAME (Type)	C.Dodson	100	No	1.	ASSIST/	MEDICAL EXAMPLE MEDICAL EXAMPLE OF THE PROPERTY OF THE PROPERT	L EXAMIN	ER 🗆	5-7-	60	DATE S	IGNED
220 Re	BURIAL, CREMATION	5/10/60		22c. NAME OF CEM Gracelaw					TION (City, to			(Sloke	»)
23. P	PPIN FUNC	SIGNATURE	Dono		E147	1 N	DATE M	BY REGIS		REGISTRAR'	s signatu n S. Ka		

VS. A15ME(5) 5M 9/55

	THE PERSON NAMED IN			
TORONO CONTRACTOR	Track of the second			
		4 , O ,		
	. Tanes			
7		mer. U		
	And the second second second second			
		Temperature to an a		
	A CONTRACTOR OF		# 83e 12 Je	
				C
		Con Conoming Count	0	
C:-7	A		noelet.	
	William College			

moy be

VR A1S (4) 1SM 9/59

MARVIAND CTATE DEPARTMENT OF HEALTH

	MIM	KIL	MIND	SIAIE	DEL	WK I IA	IEIAI	OF	LEW		
DIVIS	ION OF	STAT	ISTICAL	RESEARCH	AND	RECORD	S 1	BALTIM	ORE 1,	MARY	LAN
T 00	Seal Com	2	CE	RTIFIC	ATE	OF	DEA	TH			

		500	To em	CERTIF	ICA	TE OF DE		E I, MARIL	AND	05	649	
1. PLACE o. CO	OF DEATH UNITY	Cecil		MARY	LAND	2. USUAL RESID o. STATE Penna	ENCE (Where do		If institution COUNTY	: Residence b	efore admissi	on)
RUR	Y OR TOWN (I		ts, write	LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If outside Perryvi)
OR	INSTITUTION	AL (If not in hospital, o				d. STREET AC		, ,		Road	e. IS RESI	FARM?
3. NAME DECEA (Type	OF ASED or print)	Fii AL	BER T	Middle S.		Lost FREEI		ATE OF DEATH	Month May		3 1	rear 1960
5. SEX	ıle	6. COLOR OR RACE White	7. MARRIE			8. DATE OF BIRTH 2-24-22		9. AGE lost 38	(In yeors birthdoy) yrs.	Months Doy		R 24 HRS Min.
durir	AL OCCUPATION OF WORK Physici	ON (Give kind of work ling life, even if retired an)	nd of Business o						12. CITIZEN	OF WHAT C	OUNTRY
13. FATHI	ER'S NAME	Albert Fre	eed			14. MOTHER'S	MAIDEN NAME Le Back					
1S. WAS (Yes, no, or Ye	r unknown)	R IN U. S. ARMED FOR (If yes, give wor or doles of s Korean	ervice)	ocial security no	100	thleen F	reed,			Prussi rossfi		
Co ga cau lyin	PART I. DEA nditions, if o we rise to it se (o), stoting og couse lost.	mmediote (Va	morrhage rix of the	, ma ne e	sophagus hosis				tract	unkno	own own
OR C	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in Port I	or Port II of it	em 18.)		PERFOI YES 😿	
WEDICAL 20c.	TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	URY OCCURRED Not while of work		ACE OF INJURY (Hoctory, street, office		f. (City or tow	n)	(Coun	ty)	(Stote
21. I XOW 220.	certify tha	t *** (this haspita	lar	d the deceased XXXXXX and	that o	M.D. ATTENDING PHYS. 22d. ADDRES	MED. DIRECTO	OR STAI	auses and		ote stated 22b 5-2	abave b. DATE SIGNEI 24-61
	IAL, CREMATIO			23c. NAME OF CEM	ETERY O		23d.	LOCATION (CATION	ity, town, or		(Stote	
/	mingt	1 -1 /	Havr	ADDRESS e de Gra	ce,	Md.	250. REC'D BY	REGISTRAR	25b. REGIST	RAR'S SIGNA		3

MAN CONTRACTOR OF THE STATE OF Con Louis Experience Control to the English Control of the Control son Vietnemann ich entre besteht ein besteht der besteht besteht bei besteht bei besteht bei besteht bei besteht beste The Consequence, amountains, and not considered the same The state of the s CALL STORY OF THE PARTY OF THE

CERTIFICATE OF DEATH 5684 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Cecil Md. Cecil ofter death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) shauld Earleville Rural Earleville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN 3. NAME OF First Middle Lost 4. DATE Month Yeor Day DECEASED within 24 DEATH (Type or print) Hall William May 3 19 60 H. IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Male White WIDOWED T DIVORCED T Tuly 9, 1869 90 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Farmer-Fisherman Va-U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificote William S.Hall Alice Louns hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 72 Mrs.Ozella L.Hall Earleville. Md. None ottending please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: auso DUE TO px Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) certificole 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) 0. 11. While Not while of work of work p. m 5 20, 19 that I last saw the deceased 21. I certify that I attended the deceased fram. detached and that death accurred 1M, fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stole) ACTUAL pino PHYSICIAN'S NAME (Type) FUNE Poge 3 220. BURIAL, CREMATION. 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7,1960 Galena Cemetery Galena Kent Co. Md. 2 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR **ADDRESS** 246 REGISTRAR'S SIGNATURE Circling S. Kraus 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

di.	0		-	
×	2		ö	
0	P			
6)	=		0	
25	ŏ		E	
ĕ	-		9	
0	-		Ū	
-	4		_=	
2	0		0	
E	0	1	·=	
S	0		2	
65	-		20	
Ö			0	
9	ō		-	
-	to		ŏ	
.2	ŏ	100		
>	-	-0	0	
0	D		-	
-	-4		5	
O	0		1	
>	0	O	-50	
C	5	~	0	
0	1400	ž	-	
4	60	2	0	
	=	70	壬	
-	-	ě	5	
=	20	2.	王	
0	co	0	3	
p	700	0	N	
	20	-	44	
0	ö	0	D	
4	-	2	2	
0	Ci	>		
50	-	0	-	
5	_	E	82	
0	45	10	Ö	
~	ő	-	0	
3	0	0	٩	1
C	O.	0	0	
C	0	0_	=	
三	.>		-	
.=	0	က		
3		5	.=	
700	-	0.	E	
ě	-	-	0	
-	-	E	à.	
J	E	ō	-	
9	2	-	. 2	
0	_	~	5	
-	C	=	5	
e	_	3	1	
_	12	0	0	
P	c	C	.c	
2	9	0	2	
0	LL	O	-0	
S	C	60	0	
(1)		Q	10	
-	-	3	0	
ŭ	2	0	P	
Sales.	=		9	
t	č	-	3	
0	9	0	(0)	
O	- 12	2.	ā	
. 2	•	8	TO	
ع	O	Ö	-5	
_	0	×	-	
			0	
.:	3	ш	20	
ER:	3	O E	sho	
NER:	he w	COLE	3 sho	
NINER:	the w	dical E	e 3 sho	
MINER:	g the w	ledical E	age 3 sho	
AMINER:	ing the w	Medical E	Page 3 sha	
XAMINER:	iting the w	f Medical E	: Page 3 sha	
EXAMINER:	writing the w	ief Medical E	R: Page 3 sha	
L EXAMINER:	writing the w	hief Medical E	OR: Page 3 sha	
AL EXAMINER:	e, writing the w	Chief Medical E	:TOR: Page 3 sha	
CAL EXAMINER:	ate, writing the w	e Chief Medical E	CTOR: Page 3 sha	
DICAL EXAMINER:	cate, writing the w	the Chief Medical E	RECTOR: Page 3 sha	
EDICAL EXAMINER:	ficate, writing the w	the Chief Medical E	JIRECTOR: Page 3 sha	
MEDICAL EXAMINER:	rtificate, writing the w	to the Chief Medical E	DIRECTOR: Page 3 sha	
MEDICAL EXAMINER:	ertificate, writing the w	I to the Chief Medical E	L DIRECTOR: Page 3 sho	
Y MEDICAL EXAMINER:	rertificate, writing the w	If to the Chief Medical E	AL DIRECTOR: Page 3 sho	val.
JTY MEDICAL EXAMINER:	sertificate, writing the w	If to the Chief Medical E	RAL DIRECTOR: Page 3 sho	aval.
PUTY MEDICAL EXAMINER:	sertificate, writing the w	If to the Chief Medical E	VERAL DIRECTOR: Page 3 sho	maval.
EPUTY MEDICAL EXAMINER:	e 'fertificate, writing the w	w Is to the Chief Medical E	JNERAL DIRECTOR: Page 3 sho	remaval.
DEPUTY MEDICAL EXAMINER:	ite "sertificate, writing the w	I to the Chief Medical E	FUNERAL DIRECTOR: Page 3 sho	remaval.
DEPUTY MEDICAL EXAMINER:	cute "sertificate, writing the w	forw I to the Chief Medical E	FUNERAL DIRECTOR: Page 3 sho	or remayal.
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe-	cute " sertificate, writing the w	farw. It to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you les.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the register prior ta burial, cremation,	or removal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	18
5685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg.

05651

Reg. Dist. No.

j	1.	PLACE OF DEATH o. COUNTY Cecil			MARYL		2. USUAL RESIDENCE (V		b. COUNT		before admission	on)
/	t	o. CITY OR TOWN (I	f outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (II	outside co	rporate limits, write	RURAL and giv	re nearest town)	
		Perry Po			9 days		X Port Dep	osit				
-		. NAME OF HOSPIT	AL OR INSTITUTION (If not in hosp	pital, give street address)		d. STREET ADDRESS				e. IS RESID	
0		Veterans	Administrat	cion H	ospital		1				YES 1	
		NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Month	١	Day Year	
		(Type or print)	JOHN		T. C.		HOPKINS TIT	DEATH	May	15	19	60
	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	☐ B. C	PATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYE		-
		Male	White	WIDOWED	DIVORCED	t	6-24-12		47 угз.	Months Day	s Hours M	lin.
	10a	. USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZEN	OF WHAT CO	UNTRY?
		uto Sales		S	alesman		Newburgh	. N.	Υ.	U.	S.A.	
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
1		John T.	C. Hopkins	II			Florence	Penne	V			
)	15.		ER IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.	17. INF		other	Address	1		
1		Yes	WWII		220-07-9659	Mr	s.J.T.C.Hop	kins	II. Port	Deposi	t. Md.	
		18. CAUSE OF DEA	TH [Enter only one can	se per line f	for (a), (b), and (c).]					11	NTERVAL BETWEEN	
		PART I. DEA	TH WAS CAUSED BY:		Lunus ervi	hem	atosus. dis	cemin	feted		ONSET AND DEATH	
		705	4 DUE TO		Dapas Cij	OTICH	avosus, ars	BCIIITI	2,000			
	-	Conditions, if o										
	6	gove rise to imme	diote couse									
	- 3	(a), stating the cause last.	(c)									
	N	PART II, OTH			NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEA!	SE CONDITION GIV	EN IN PART 1() 19. WAS AUT	TOPSY
)	CERTIFICATION			111							PERFORM YES N	IED?
	TIFIC	20g. EXTERNAL CAL	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	er nature of injury in Par	t I or Port I	l of item 18.)	3 4 4 4 T		
	CER	PRIMARY OF COL	NIRIBUTING LI									
	3	20c. TIME OF INJU	RY Month, Day, Yea	20d. II	NJURY OCCURRED 20e.		OF INJURY (Home, form		y or town)	(County)) ((Slote)
	MEDICAL	Hour a.m.	19	While at wor		factory	, street, affice bldg., etc.	.)				
			hat I toak charge		emains described	abave	held an Autons	v 🗍 🛮	nspection X.	Inquiry	XI, and fin	d that
			from: Natural	-			de . Homicide	person	ndetermined c		A, dia iii	a mai
		//	11011		10100	/	ac [], Hollicide	, L, o	inderer initied c	dose [
	-3	ACTUAL //	11/11	1-CX	UNCH	1	CHIEF MEDICAL EX	KAMINER [1 5	16/60	DATE SIGN	NED
2		SIGNATURE	0 000				ASSISTANT MEDICA					
		EXAMINER'S NAME (Type)	R. C. DODS	ON			DEPUTY MEDICAL					
	220	PRURIAL CREMATIC	N. 122b. DATE THEREC		22c. NAME OF CEMETER	Y OR CI			ATION (City, town, o	or county)	(State)	
	1	JENSYA JESTEN	15-18-1	960	Darlington				ington		Maryland	3
	23	RUNERAL DIRECTOR	SUGNATURE	class	ADDRESS	B (24a. REC'	D BY REGIS		STRAR'S SIGNA		~
	1		TTERSON		rryville, M	d.	DAMEAY	1 8 '60	Cit	un & Kras	.4	
							1 - 1959		1000	my B. TVILL	~~	

THE RESERVE OF THE PARTY OF THE		
		Contain timen Land district
		The second second second
	Carlos III	
10 10 Tomb		
	No Parlie to Live and Co.	
No Per S		
The State of the S		
DOMESTIC OF THE PARTY OF	or the state of th	

	fill h by the funeral director,	for use as the burial-transit permit. Then please remove carbon gapers. Pages ond 2 should be filed with	
	×	٦̈̈	-
	comptete	popers. P	the state of the s
	P	5	7
	0	ě	-
	5	8	A
	Sic	0	-
	P.	0	-
	0	ren	2
	ing	9	ř
	Pu	90	-
	te	ā	
	0	6	4
	ŧ	Ě	
	×		
	0	Ē	1
	a e	ē	1
÷	Sig	4	-
ō	5	nsi	1
.5	e	20	-
ž	35	-10	-
D	ř	5	
.c	e	ā	1
enc	Fice	the	-
to	T	35	-
70	Ce	9	. 4
Ji C	his	S	1
oital ar attending physician.	=	For	-

0		-	•	10
in.		>	3	1
5		2	0	
0	-	5	5	
_			1	
Š	'		202	
c		E	Se	
Ē		×	3	-
=		14	•	
\$	-	6		w
Ö		D.	2	3
5	1	1	ď.	3
ŭ		8	R	=
×		70	-	0
U		č	5	O
9		0	٥	ē
44		8	ō	美
H		. 5	U	0
ö		S.	>	72
		7	9	ŏ
=		Q.	6	2
8		0	-	2
2		=	9	
ö		Ď	0	- =
ě		0	=	主
U		=	ш.	3
e		43	9	=
-		ě	٤	ē
ō		-	_	é
=		â	-	>
20		0	Ē	5
E		9	-	-
5		ō	à	.=
닭	ċ	. 25	=	D
2	0	c	35	50
3	.0	8	ō	Τ,
0	×	۵	=	0
•	순	25	ō	6
2	-	ž	. 5	Ě
	6	0	20	0
Z	-5	D	-	_
⋖	5	.ů	ě	0
5	Ŧ	華	-	e
7	0	ē	Ö	Ö
jen.	5	Ü	42	10
r	-	13	S	Ě
-	0	ŧ	5	9
9	· ā.	-	2	O
Ξ	SC	£	0	~
2	ž	K	he	٦.
Z	0	*	S	2
-	and a	0	=	-344
7	>	E	ŏ	5
	71	3		5
×	Po	04	2	71.5
0	.c	0	0	Q
-	D		2	1
-			E	1
2	7		50	S
2	2	Z	6.3	9
7	×	5	9	-
-	5	-	0	he
0	-	0	-	the registrar prior to buriof, cremation, or removal, and in any event within 72 hours after debthirms
-		TO FUN. DIRECTOR: After this certificate has been signed by the attending physician and completely fill haby to		
-	15	A15	14	1
1	SM	0	55	,

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

CERTIFICATE OF DEATH

05652

	5.0	70						Keg. Dis	7, 140.	
1. PLACE OF DEATH o. COUNTY	ecil	* 0	MARYLAND	2. USUAL RES	Marv1		lived. If instituti b. COUNTY		cecil	dmlssion)
RURAL and give ne	outside corporate limitorest town) B1kton	s, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF o		ote limits, write R	URAL and g	ive nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Union Hos			/ d. STREET	ADDRESS gerly	Road			0	RESIDENCE
3. NAME OF DECEASED (Type or print)	Fir Virgi		Middle W	lo Hurlock		4. DATE OF DEATH	May		Day 29	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRT		1	O. AGE (In years last birthday) 45 yrs.			JNDER 24 HRS.
during most of work	ing life, even if retired	done 10b.	kind of Business or indu	S	alem,	Virgin		12. CITI	USA	HAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S						
Tash	er William			INFORMANT	Sall	y Bole	Add	rate		
(Yes, no or unknown)	If yes, give wor or dates of su	ervice}	26-16-5595		C.Hurl	ock, Sr	Singer		Elkto	n.Md.
Conditions, if of gove rise to it couse (o), stating lying couse lost.	the <u>under-</u> DUE TO		reinema of 1 rt. adrenal a		9,4	meta.		76	6	W KS
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	I NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PARI	PI	ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature o	of injury in I	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. II While of wor	Not while fo	ACE OF INJURY octory, street, offic			or town)	(C	aunty)	(State)
21. I certify the alive on	of lattended the	deceas , 19 4 /4. //	ed fram 29 Apr 0, and that death where	M.D. Ne		M, fram ADDRESS (SIR	the causes of the cause of	and on th		the decease tated above DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATI	ON (City, town,			(State)
Burial 23. FUNERAL DIRECTOR	s signature		North East Me ADDRESS North East, Mc	VIII.ALI, L.S.I.	Cem 240. REC'I	Nort D BY REGISTR	AR 24b. REGI	STRAR'S SIG	Mary 1:	and

			admir page
	Det of		
	7 *		
	Towns		
• (• • • • • • • • • • • • • • • • • •			
Charles for the Charles of the Charl			
	100, 521		
		Sw	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5686

MARYLAND

05653

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
D. C. J. b. COUNTY

D. Cl

CIGI,	with	
dire	be filed	M
runeral alrecta	ag P	IAI
ne ru	hould	NEA

1. PLACE OF DEATH o. COUNTY

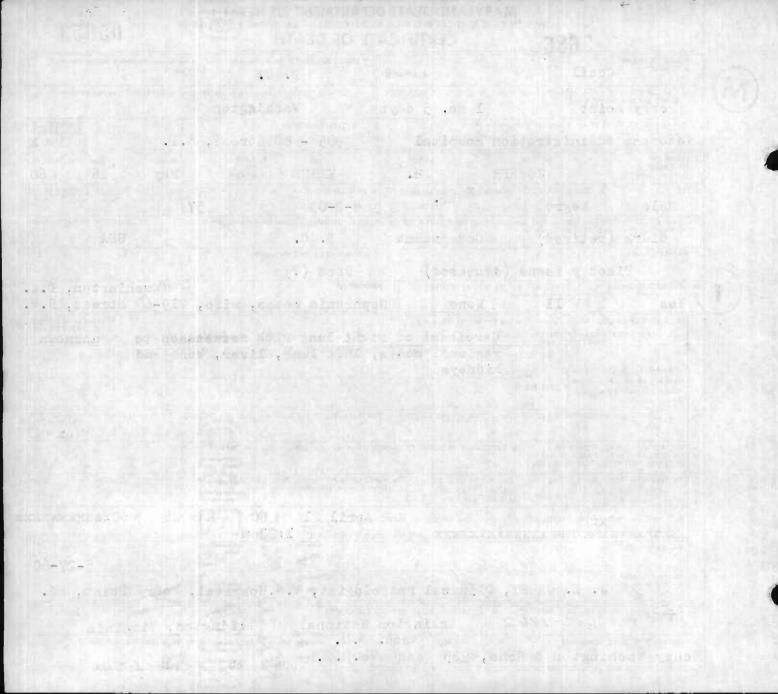
Cecil

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be used by the hospital an attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers. Pages I and 2 should be filled with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO FUNE VR A15 (4) 15M 9/59

U 0 33337	_neorest town)				c. CITY OR TOWN (If or					, ,	pro. 1	
	neorest town)		1 mo. 5 da			ningt	on		0.0	4	/X -	- 5
or Institution Veterans					d. STREET ADDRESS 905 - 8th	Stre	et,	N.E.		ľ		FARM?
B. NAME OF DECEASED (Type or print)	Firs JO	SEPH	Middle H.		KEEN E	4. DATE OF DEATH		Mon		Doy 26		Year 19 60
s. sex Male	6. COLOR OR RACE	7. MARR	D DIVORCED		4-2-03		9. AGE	(In years pirthdoy) 7 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UND Hours	ER 24 HRS. Min.
during most of we Clerk	TION (Give kind of work of brighing life, even if retired) (retired)	lone 10b.	KIND OF BUSINESS OR IF	NDUSTRY		or foreign c	ountry)			USA	WHAT	OUNTRY?
3. FATHER'S NAME				14	I. MOTHER'S MAIDEN N	AME			-			
Ti	imothy Keen	e (de	eceased)		Rosa (?)							
	VER IN U. S. ARMED FOR	CES? 16.		17. INFOR	MANT			Addr	Wash	ingt	on.	D.C.
Yes, no. or unknown)	(If yes, give war or dates of se	rvice)	None	Sapl	hronia Keer	ne. w	ife.					N.W.
	EATH Enter only one co	use per lin						1-2				TWEEN
	EATH WAS CAUSED BY:	C	arcinoma of	riel	ht lung wi	th me	to 6 t	9999	+0		nkn	DEATH
Conditions, if		K	idneys									
20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	g the under. DUE TO 1. (c) THER SIGNIFICANT CONI WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DITIONS C	ONTRIBUTING TO DEATH	URRED. (Er	nter noture of injury in P	Port I or Por	t II of it	em 18.)			PERFC	RMED?
Couse (a), stotin lying couse los PART II. O	g the under. 1. (c) OTHER SIGNIFICANT CONI WAS UNDERLYING OG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Yec 1. 10	DITIONS C	ONTRIBUTING TO DEATH ERIBE HOW INJURY OCCU NJURY OCCURRED 200 Not while 200	URRED. (Er		Port I or Por	t II of it	em 18.)		RT 1(o) 1!	PERFC	RMED?
Couse (o), stotin lying couse los PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL Hour o. m p. m 21. I certify th	DUE TO (c) ITHER SIGNIFICANT CONI WAS UNDERLYING AG CAUSE OF DEATH YMEDICAL EXAMINER URY Month, Doy, Yea (d) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f	20b. DESC 20b. DESC ar 20d. It While of worl	ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU NOT While of work of the deceased from	URRED. (Er foctory, am. AI act death	OF INJURY (Home, farm, street, office bldg., etc. OFIL 21 19 h occurred at 1:2 ATTENDING ME PHYS. DIF	20f. (City)	or lower Ma	y 26	, 19_(d on th	(County) 60xx	PERFOYES STOTECT	(Stote
Couse (o), stotin lying couse los PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Hour o. m p. m 21. I certify the sales are also as a second sec	DUE TO (c) ITHER SIGNIFICANT CONI WAS UNDERLYING IG CAUSE OF DEATH YMEDICAL EXAMINER) URY Month, Doy, Yec 19 Thotal (this hospital CASCINATION AND AND AND AND AND AND AND AND AND AN	20b. DESC 20b. DESC ar 20d. In While of world	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NOT while of work of the deceased from	URRED. (Er PLACE (foctory, am. AI mat death M.D. thole RY OR CRI	OF INJURY (Home, farm, street, office bldg., etc. Oril 21 19 h occurred at 1:2 ATTENDING MEPHYS. DIF	20f. (City)	or lower Ma	y 26 buses on ., Pe	, 19_0 d on th rry crounty)	(County) 60xx	PERFO YES STORES	(Stole) (Stole) (Stole) (Stole) (Stole) (Stole) (Stole) (Stole) (Stole)



6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 554 4 should be cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTARTIONS o. STATE MARYLAND Ceci] buriol, Page . b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 2 hrs. Hayre De Grace 0 ector. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) prior ON A FARM? Devine Nursing Home YES NO 550 Fountain St delay NAME OF 4. DATE Middle Month Day Year DECEASED regis 70 (Type or print) DEATH 72 William 50 Koendres 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 5. SEX last birthday) 2 with the Months Hours Min. Days WIDOWED [DIVORCED YES. 0 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY FY. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo puo US A pe City WorkerRetired Street Work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME may Pages 1, age 5 ma poges Koendres Catherine Hollarhan Page 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL RECURITY NO. Chester, Pa. (Yes, no, or unknown) Give no Mrs. Harry KOandres. 1025 McDowell Ave INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: form ē IMMEDIATE CAUSE (o) Acute Coronary Occlusion DUE TO with Fracture of left femur pinned 4-16-60 Conditions, if any, which pencil olong buriol gove rise to immediate cause DUE TO (o), stating the underlying cause last. pending" in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY So CERTIFICATION PERFORMED? used NO W 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Exami Fell on the street of HavreDe. Grace should word WEDICAL 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or tawn) (Caunty) (State) writing the whief Medical I factory, street, office bldg., etc.) 16-60 of work of work Havre De Grace Harford 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry , and find that Mbb. with cate, with the Chief I to the Chief DIRECTOR: 1 death resulted from: Natural causes , Accident -Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 5-13-60 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) R.C.Dodson cute forw 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR FREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Krous DATE MAY 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

				Liou	
	The south at so			1.0	
				AND THE WATER	
	, de massiam			deal master of	AVOL A
		i c			
	7				
			ino donici		
	1			7 1 0	
	5				
V 2	cn .es, lof.	* /			10
V-11		oi Liuc	10.0 0.0		
	<u>.</u>	pie Luc	100 .00		
		pie Luc	100 .00		
	(c-c1-1)		0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	<u>.</u>		0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	(c-c1-1)		0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	f (c-c[-)		0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	f (c-cf-1	oi fuc		at l	
	f (c-cf-1	oi fuc	10.0	at l	
) To K		o'= Luo - - - - - - - - - - - - - - - - - - -		x ce-xu	
) To K		o local docal		x ce-xu	
, c x		o Loc Toric		x ce-xu	
) To K		o Loc Toric	X X 10 0 0 0 0	x ce-xu	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral directar, and 2 shauld be filed with

may be need by the haspital ar attending physician.

DEUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Baard of Health priar to burial, crematian, ar removal, and in any every within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MARYLAND STATE DEPARTMENT OF HEALTH S 687 CFRTIEICA TO THE PROPERTY OF THE PR - BALTIMORE 1, MARYLAND

05655

1. PLACE OF DEATH o. COUNTY					2. USUAL RES	IDENCE (W	here deceased	d lived. If institu		nce befor	re admissi	on)
0. COONT	Cecil			MARYLAND	o. STATE	Mary	land	b. COUNT	Y			V
b. CITY OR TOWN (RURAL and give n	If outside corporate limi	its, write	c. LENGTH C	OF STAY IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write	RURAL ond	give nec	arest town)
	Point		9 mc	.9 days		Balti	more			31	01.	4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)		d. STREET	ADDRESS					e. IS RES	IDENCE FARM?
	Administr	ation	Hospi	tal	40	OI N.	Robin	nson Str	reet			NO DE
3. NAME OF	Fir	rst		Middle	lo	ost	4. DATE	Mo	onth	Da	ly \	rear .
(Type or print)	J.	AMES		P.	KU	CHTA	OF DEATH	Ma	ay .	19	1	9 60
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER	MARRIED T	B. DATE OF BIR	тн		9. AGE (In years lost birthdoy)			IF UNDE	
Male	White	WIDOWI	ED D	OVORCED	10-6-8	88		71 yrs		Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUS	INESS OR INDU	STRY 11. BIRTHE	PLACE (State	or foreign o	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
Cles	king life, even if retired	1	Office	•	Mary	vland			T	JSA		
13. FATHER'S NAME					14. MOTHER		NAME	PH HOUSE			14	
Ign	natius Kucl	hta (deceas	red)	Mar	ia Sc	hultz	(decea	ased)			
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	RCES? 16.			FORMANT				dreBalt	imo	re.	Md.
Yes, no. or unknown)	(If yes, give war or dates of s		212-20-	-0609 1	lary Ko	erner	. sist	4	N. 1			
18. CAUSE OF DE	ATH [Enter only one co				<u> </u>		, , , ,			INTE	ERVAL BE	TWEEN
	ATH WAS CAUSED BY:	p-		phritis	acute					ONS	TIOD	days
1100	IMMEDIATE CAUSE (c)				100						
Contract			rostat	ic obst	ruction	,						
Canditions, If a	immediate ()	200000	10 0000	1 40 01 01							
lying couse last.												
	.) (c HER SIGNIFICANT CON		ONTRIBUTING	G TO DEATH BUT	NOT RELATED T	O THE TERM	UNAL DISEAS	E CONDITION G	IVEN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
PART II. OT	TIER STOTAL TEXTAL COL			<u> </u>	THO TREDITED T	O ITIE TENN	MANE DISENS	e combiner o			PERFO YES-	RMED?
200. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW IN	NJURY OCCURRE	D. (Enter noture	of injury in	Port I or Par	t II of item 18.)			41000	
	MEDICAL EXAMINER)	1										
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	ar 20d. II	NJURY OCCUR		ACE OF INJURY			or town)	((County)		(State)
Hour a.m.	19	While at war	k ot wark	le n	ctary, street, affi	ce bldg., et	c.)					
	at MM(this haspita	I) attone		agend from	Amonist	70 10	59 10	May 19	106	0 30	SERCMON:	XXXXXX
	,	'			_							
22o. SIGNATURE	CXXXXX ANNIAN PROPERTY	ango		A and that a	gearn accorne	11:2	20pm	the cooses o	ina an in	e date	221	b. DATE
	I I	4	11100	1	M.D. PHYS.	NG IN	AED.	STAFF PHYS.		112		SIGNED
22c. PHYSICIAN'S	J' V'	100	1111	1	22d. ADD		IKECIOK [11113.)-20	-00
NAME (Type)	J. L. G.	AREY,	Clini	cal Pat	hologia	st, V	. A. Hos	pital,	Perry	Po	int,	Md.
23a. BURIAL, CREMATIC		OF	23c. NAME	OF CEMETERY C	R CREMATORY		23d. LOCA	TION (City, town	, or county)		(State	e)
Burial (Specify	5-23-196	0	Ho	oly Red	eemer		Ba	ltimore	. Mar	vla	nd	
24. FUNERAL DIRECTOR			ADDRES	S		25a. REC			SISTRAR'S S			- 1
LILLY & Z	EILER, 191	lo Ea	stern	Ave.Ba	lto.Md	· DATE M	AY 23 C	00	Chronell W	, , , , , , , , , , , , , , , , , , , ,		

<u>.</u> 3						
				3.5		
			Willie bar R			
			Transition.			
13 (1)						
						- W
	ALL COME	•	(1) - (1) - · (1)			
		Land Land	ntd 19. jej sau i st			
		And Daire	Bank Star Inc.			
	62 mm L 6					
00-01-00						
Serry Solotty Til.	der-graf.			ę "		
					· ·	
				,		

-

VS A15 (4) 15M 9/55

X
 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5672 CERTIFICATE OF DEATH

Reg.			5	C	5	(7
Reg.	Dist.	Nd.	U	U	J	O

1. PLACE OF DEATH a. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY Maryland Ce	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 232 W. Main Street.	/ d. STREET ADDRESS 232 W. Main Street.	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) MARGARET ELLEN MC	DANTEL 4. DATE Month OF DEATH May	Day Year 29. 19 60
Female White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left birthday) ATIO 1870 1870 9. AGE (In years left birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	STRY 11. BIRTHPLACE (State or foreign country) 12. CIT	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Barber	Sarah Ellen Hopkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP (Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address	
no no Mr	s. Sophie E. Steele, Elkto	n. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerot	tic cardiovascular renal	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate (b)	disease	unknown
cause (o), stating the <u>under-</u> lying couse last. DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO A
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. js. p. m. 19 While at work at work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	County) (State)
ACTUAL DICEPHO I AND AND AND	accurred at 6:15DM, from the causes and on the ADDRESS (Street, city or town, state)	he date stated above. DATE SIGNED
PHYSICIAN'S S. HALPH ANDREWS, JR.,	M.D. Elkton Marylan	5/30/60 nd
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 6-2-60 Elkton Cem		(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Elkton DANG N 2 160 Quiling &	GNATURE

THE ST. J. J. S. HTASE TO BEADING	
for all the first the firs	12.003
The state of the s	THE REAL PROPERTY OF THE PARTY
The second secon	TO THE BEING
A CONTRACTOR OF THE PROPERTY AND THE PRO	
	The second secon
a sum of the fill fill the seasons have been also can be considered to the season of t	
	and a beautiful factories and subsection 1 feet affective 1 JV
	The second of the second of

05657

P			5688	ION OF S	CERT	
(A)	1. 1	LACE OF DEATH	ecil		M	ARYLAN
INI	1	RURAL and give nee		ts, write	c. LENGTH OF ST	
	-		r Point AL (If not in haspital, g	ive street o	5 mo. 3	da
050		Veterans	Administr			
	- 1	NAME OF DECEASED Type or print)	Fir Fir	ANK		idle
	5. 5	EX	6. COLOR OR RACE		ED NEVER MA	
		Male	White	WIDOWE		RCED [
	10a	during most of working Labore	N (Give kind of wark on the life, even if retired PT	dane 10b. I	unknown	S OR IN
)	13.	FATHER'S NAME			,	
31	16			ean	(deceas	-
			f yes, give war or dates of s	social security No. 1		
		1.0	mediate	li	e for (a), (b), and ncer of ver and	pro lym
	Z O		ER SIGNIFICANT CON			
-	CATION				oscleros	
	L CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJUR	Y OCCU
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	20d. IN While of work	Not while at work	20e
			(PK(this haspital			
4		22a. SIGNATURE	24	g,	rest	/
		22c. PHYSICIAN'S NAME (Type)	J. L. GA	REY,	Clinica	1 P
		BURIAL CREMATION	N. 23b. DATE THEREC	9, 3	23c. NAME OF C	EMETER

PLACE OF DEATH					DENCE (Where	deceased	lived. If institution	n: Residence	befare a	admission	n)
COUNTY	ecil		MARYLAND	o. STATE Maryland b. COUNTY							
b. CITY OR TOWN (If RURAL and give ne	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)										
Perr	Baltimore 03×2										
d. NAME OF HOSPIT	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?										
Veterans	4630 Magnolia Avenue										
NAME OF DECEASED	Firs		Middle	Los	1 4.	DATE	Mont	h	Day	Ye	or
(Type ar print)	FR	ANK	R.	MC KE	AN	OF DEATH	May		15	19	60
SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTI	Н		9. AGE (In years last birthday)	IF UNDER 1			
Male	White	WIDOW	ED DIVORCED	1-11-	88		72 yrs.	Manths [Days H	lours	Min.
. USUAL OCCUPATIO	N (Give kind of wark d	ane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (State ar f	fareign co	ountry)	12. CITIZ	EN OF W	HATCO	UNTRY?
Labor		unknown	Maryland					USA			
FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
J	ohn G. McK	ean	(deceased)	Sara	h Coul	ter	(deceas	ed)			
WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT			Addr	Balti	more	e. N	id.
Yes	If yes, give war or dates of se		ot applicable	Nina :	McKean	. wi		Magn			
18. CAUSE OF DEA	TH Enter anly one cau		ne far (a), (b), and (c).]			,			INTERV	AL BETY	WEEN
PART I. DEA	TH WAS CAUSED BY:	Ce	ncer of prost	ate wit	h meta	stas	es to bo	ne.		and dake	
1772	IMMEDIATE CAUSE (a)		ver and lymph		11 210 000	0000	00 00 00	110 ,	- CL	AALAL	7 17 44
Condition			.vci oma ijmpii	110000							
Canditians, if ar gove rise to in	n mediate										
cause (a), stating	the under- DUE TO										
lying couse last.) (c)	171.04.10							1/ 1/10	MAZAC AL	ATORCY.
PART II. OTH			osclerosis ge							PERFOR!	WEDS
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED	D. (Enter nature a	f injury in Part	I ar Part	t II af item 18.)				
20c. TIME OF INJUR	Y Manth, Day, Yea	r 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City	ar tawn)	(Co	unty)		(State)
Haur a.m. p.m.	19	While of wor	TAOL MUHE	tory, street, affic	e bldg., etc.)						
21. I certify tha	t ((this haspital)	attend	ded the deceased fram	Decembe:	r 12,59) , .ta	May 15	196.0	XD63	CPCPA(30)	d KK
SON NO CONTROL	SANCENCE TO SEE	XXX	XXXXXXXX and that d	eath occurred	a10:00	a.mm	the causes an	d on the	date s	tated o	abave.
22a. SIGNATURE	7.0	1									DATE
	17	41	ises	M.D. PHYS.	MED.	TOR 🗌	STAFF PHYS.		5-	-17-	60
22c. PHYSICIAN'S NAME (Type)	1,011		//	22d. ADDR	ESS						
10000	J. L. GA	REY,	Clinical Pat	hologis	t, V.A.	Но	spital,	Perry	Poi	int,	Md.
BURIAL, CREMATIO	N, 23b. DATE THEREO	9	23c. NAME OF CEMETERY O	R CREMATORY	230	d. LOCAT	TION (City, tawn, o	r county)		(State)	
REMOVAL (Specify)	6/18/	60	Baltimor	e Natio	tional Baltimore			, Maryland			
FUNERAL DIRECTOR			ADDRESS		25a. REC'D B	Y REGIST	RAR C 25b. REGIS	TRAR'S SIGI	NATURE		
Penningt	on & Son	Horr	re de Grace.	Md.	DATE	MAT Z	U OU	Circling	S. 16	iana.	
The state of the s		HOLV	Te de Grace.								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be ined by the haspital or attending physician.

TO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and cample

within 24 haurs after death. Page 4

VR A15 (4) 15M 9/59

24.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this remificate has been signed by the attending physician and completely filled in by the funeral director, prine 3 should be detached for the filed in the filed with t VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7904 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY MARYLAND Cecil Cecil b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Union Hospital. Elkton, Md. Singerly Ave YES NO T Middle Lost 4. DATE Month Year Oberer, Mrs. Emma C. DEATH 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths Doys Hours White WIDOWED | DIVORCED | yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New Jersev U. S. A. 14. MOTHER'S MAIDEN NAME Harry L. Kerkendell Dianna Ehrie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 1960, ta . 1960 that I last saw the deceased (QQ, and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month,

21. I certify that I attended the deceased fram.

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED

5. SEX

(Type or print)

13. FATHER'S NAME

Female

Peter Stavrakis

Elkton, Maryland

220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OF CREMATORY

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE 724g. REC'D BY REGISTRAR

DATE AUG 1 8 '60

· consider the contract of the TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is necessory, please execute the servificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funery director. Page 4 should be forwell to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yourse.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registry: prior to burial, crematian, or removal.

VS. A15ME(5) 5M 9/55

				STATE DEPAR						18 Reg.	(15) Dist. No	658	3
	PLACE OF DEATH	il		MARY	LAND	2. USUAL RES	DENCE (W		sed lived. If Instit b. COUN		dence bei	ore adm	ission)
	b. CITY OR TOWN (If our	Cecillimits, w	rite RURAL	c. LENGTH OF STAY		c. CITY OR			porate limits, write	RURAL	Geci	ediest to	wn)
	and give nearest town)	bridge		20 minu	+ 00	V -	errvvi						
			(If not in ho	spital, give street addres	1069	d. STREET A		LLG			-	e. IS R	ESIDENCE
	U.S. Nava	l Traini	ng Hos			Charl	kes St					ON	A FARM?
	NAME OF DECEASED	F	irst	Middle		Last	T mail	4. DATE	Mon	th	Day	1	rear .
	(Type or print)	Leona B			icka		1 1	OF DEATH		5	8	1	9 60
5.	SEX	. COLOR OR RACI	7. MARR	IED NEVER MARRIE	8.1	DATE OF BIRTH			9. AGE (In years lost birthday)		R TYEAR		ER 24 HRS.
	F	W	WIDOWI	DIVORCED		7-31-	1909		50 yrs.	Months	Days	Haurs	Min.
100	during most of working I	(Give kind of war	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State	or foreign c	country)	12. CI			COUNTRY?
						New &	Jersej	7			U.S.	A	
13.	House wif					14. MOTHER'S	MAIDEN N						
	Fra	nk Jahn				-		Mar	y Ellen	UNKI	NOWN		
	18. CAUSE OF DEATH PART I. DEATH Conditions, if ony, gove rise to immedial (a), stating the uncouse lost.	WAS CAUSED BY: MEDIATE CAUSE (I DUE TO which le cause lerlying DUE TO	pause per line o) b) c)	for (o). (b), ond (c).] Carcinoma lungs. ONTRIBUTING TO DEAT			rom g	aland		to t	INTER ONSE	VAL BETWEET AND DE	ATH
CAL CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY gr CONTR CAUSE OF DEATH. 20c. TIME OF INJURY	WAS IBUTING []		BE HOW INJURY OCCUR		er nature af inj				IC	ounty)	PERFO	NO (Stote)
MEDICAL	Hour o. m. p. m.	15		e Not while ork ot work	factory	y, street, office	bldg., etc.)						
	death resulted fr	om: Natural		remains described, Accident [],		de [], H		MINER D	ndetermined].		find that
220	BURIAL CREMATION,	C. Dodson 22b. DATE THERE 5-12-1	of 960	22c. NAME OF CEMETE HOLY Cro				22d. LOCA	TION (City, town, on Dela	or county)		(Stot	e)
⊉ 3.	PUNERAL DIRECTOR'S			ADDRESS			24a. REC'D				-		
1	1010 97	topone	Won)	Poullis	0,	111.	0.100						

				f o
		1867	05	4 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 1
	. Company		I to the	onidiral levil.
Walter Rolling				In smooth the state of
07	7-51-1909			
	7,000, 400			view outed
				Crist,
			·c·	0:
			.esh z	
			Total Set	
			The St	
The second secon				no test
			Take 1	
			HIPPLANE AND	

IF UNDER 1 YEAR IF UNDER 24 HRS.

e IS RESIDENCE ON A FARM?

> 60 10

1	2030	OEK III IOM	IE OF DEATH		1100	03
	PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who	ne deceased lived. If instituted in the countries of the		re admission
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest tawn) PORT Deposit	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL ond give nec	arest town)
	d. NAME OF HOSPITAL (If not in hospital, give store institution S. Main S		d. STREET ADDRESS 50 S.	Main St.		e. IS RESIDI ON A FA YES 1
3.	NAME OF DECEASED (Type or print) Viola	Creamer	Roe	4. DATE MOF DEATH MAY	onth Do	y Yeo
	Female White win	DOWED DIVORCED	July 6,188		Manths Days	Haurs Haurs
10	a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSE WITE	Own Home	TRY 11. BIRTHPLACE (Stole of		12. CITIZEN OI	S A
13	. FATHER'S NAME Harry	Creamer	14. MOTHER'S MAIDEN N. Nettie	Mit	chell	
1	. WAS DECEASED EVER IN U. S. ARMED FORCES? es. no, or unknown) (If yes, give war or dates of service)		R. James R	oe, Port D	eposit,N	id.
0	PART I. DEATH [Enter only one couse provided in the couse of the couse	Myoco Fractor, Concer &	Mich Les	frenchest.	- 5	ERVAL BETWEET AND DI
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIC 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT			GIVEN IN PART 1(o)	PERFORA YES 1
MEDICAL	Hour o m	20e. PLA While Nat while twork at work	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty)	
MEDICAL	Hour o. m. p. m. 21. I certify that (I) (this hospital) of sow the deceased glive-on 22a. SIGNATURE 22c. PHYSICIAN'S	vhile Nat while foc t work at work tended the deceased from	eoth occurred at// A.D. PHYS. 22d. ADDRESS	M, from the couses of	, 19 <u>&</u> , th	

12. CITIZEN OF WHAT COUNTRY? ar foreign country) USA and JAME Mitchell Address Roe. Port Deposit.Md. INTERVAL BETWEEN NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY YES NO T Port I or Part II of item 18.) 20f. (City or town) (County) (Stote) _ 194_>, that (I) (we) lost M, from the couses and on the date stated above. SIGNED ED. STAFF PHYS. eposit, Md. 23d. LOCATION (City, town, or county) Port Deposit, Md. Rural 256. REGISTRAR'S SIGNATURE D BY REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	HEAD SO DENCE PROSE		
	d Aleb . v Sc		
. 4 , o a nor nation			
			3
17.4		11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	

10 HOSPI 10 HOSPI 10 FUNE 10 FUNE 10 FUNE 10 MS1 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05660

1. PLACE OF DEATH o. COUNTY CECIL		MARYLAND	2. USUAL RESIDENCE (V	Where deceased nd	lived. If instituti b. COUNTY		112	sion)
b. CITY OR TOWN (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		ote limits, write R	RURAL and give n	earest tow	n)
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION	St.	address)	d. STREET ADDRESS Elm St	•	Edge at		ON A	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print) Addi	irst E	Helen	Sentman	4. DATE OF DEATH	May	3(Day	Year 19 60
s. sex Female 6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 26,1		9. AGE (In years lost birthday) 91 yrs.	Months Doys		ER 24 HRS Min.
100. USUAL OCCUPATION (Give kind of work Hours of own ting life, even if retire	d)	KIND OF BUSINESS OR INDU	maryla	nd	untry)	U S	OF WHAT	COUNTRY
Peter Gilles	pie		14. MOTHER'S MAIDEN		Har	ris		
(Yes, na, or (Yes, na, or dates of			nformant iss Irene	Sentma		ville,	Md.	
gave rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CO	(c)NDITIONS C			RMINAL DISEASE	CONDITION GI	VEN IN PART 1(0)	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Y Haur o. m. 19 21. I certify that (I) (this haspite saw the deceased alive an	ear 20d. If While of wor	Not while fo	death accurred at 5	956, ta	Pusy Z		that (I) (abave
22c. PHYSICIAN'S NAME (Type) Clarence 23c. BURIAL GREMATION, 23b. DATE THERE REPOYNTATION 6-2-19	OF	Benson, M.D. 23c. NAME OF CEMETERY OF HOPEWell	22d. ADDRESS		STAFF PHYS. ION (City, town,		Mee (=	
HA THERAL DIRECTOR'S SURNATURE	1488	ADDRESS Perryvi		Port	RAR 2Sb. REG	IT NICL ISTRAR'S SIGNAT William S. H		a.I.

w the · alantie in a O THE SERVICE WELL 11. 工业主动工工 300年—— in the second second second

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5600

05661

	0004			0,				101		
1. PLACE OF DEATH o. COUNTY	Cecil		MARYL		. USUAL RESIDENCE o. STATE Vir	(Where decease	sed lived. If institut b. COUNTY		befare admi:	ssian)
b. CITY OR TOWN (RURAL ond give n Perry P		ts, write	6 mo. 21			(If outside corp	porate limits, write f	RURAL and give	e nearest tow	vn)
OR INSTITUTION	Administra				d. STREET ADDRES	N. Mon	roe		ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fir		Middle	- 11	Last	4. DATE		n th	Day	Yeor
(Type ar print)		ISY	MAY		SIMMS	OF DEAT	21003		3	19 60
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIED		8-9-83		9. AGE (In years lost birthday) 76 yrs.	Months Do	ays Hours	_
10o. USUAL OCCUPATION during most of wor Housekee 13. FATHER'S NAME	king life, even if retired)	At Home		Virgin 14. MOTHER'S MAID	ia	cauntry)	US.	N OF WHAT	COUNTRY
	enry Simmo	ne (d	leceased)				ns (dece	(5000		
	ER IN U. S. ARMED FOR (If yes, give wor or dales of s WW I	CES? 16. S		Jos		100	Add	Arling		
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	the under-	Exe	EISION OF A	TH_BUT N	OT RELATED TO THE T	ERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	(a) 19. WAS PERF	ORMED?
20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Ye	ar 20d. IN. While at work	Not while		OF INJURY (Hame, y, street, affice bldg.		ity or tawn)	(Cou	unty)	(Stote
	at (4) (this haspito								date stote	
22c. PHYSICIAN'S NAME (Type)	J. L. GA	HA.REY,	Clinical	M.	22d. ADDRESS	MED. DIRECTOR [Perry	5-3-	SIGNET
230. BURIAL, CREMATIC REMOVAL (Specify Burial	5-6-60	OF	23c. NAME OF CEME		REMATORY	23d. LOC	ATION (City, town, ishington	or county)	(St	ote)
24. FUNERAL DIRECTOR Ives Fune		V	Wilson B Arlin	lvd.	DATE	REC'D BY REG	'60 25b. REG	ISTRAR'S SIGN	HATURE	

by the funeral directar, and 2 shauld be filed with Then please remave carbon papers. Pages 1 moy be gived by the hospital or attending physician.

2 FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely fills page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages the State Board af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO FUNE VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

			2093
	THE REAL PROPERTY OF THE PERSON OF THE PERSO		
		to all the second	
	Control of the control		neral de merelon
	nichtel in der besteht bei bei		
		(Newspee) E	
•	. H. War, We . Mark though		
		To be Senatural	
Martin Street Co.	E was in the same of the		
	South Michigan Commence		
	. Dallers L	t molecular,	
			nul but duy
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in months 743	,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PROBLE STAGE TO				
		a Coly S		
	e		of Salphine Salphine	
	ATHE BY A STATE OF			
	STATE OF STREET			
and and and and				CONT.
2015	07016250		STATE .	45
r, dept leadert op d				
Male establish				
The state of the s				
The state of the s				
	Decimal Day			
POLDEAT.				
	20.00	C.	CALLAND	
	THE RESERVE OF THE PERSON OF T			

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL

TO FUNER

VS A15 (4) 15M 9/5B

the registrar

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5674 CERTIFICATE OF DEATH 05663

Reg. Dist. No.

-	1. PLACE OF DEATH o. COUNTY	ecil		MARYLAND	2. USUAL RESIDENCE (* o. STATE Mary.	h	If institution: Reside	ence before add	mission)
	RURAL ond give no	2		GTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate lim	its, write RURAL one		
	OR INSTITUTION	AL (If not in hospital, gi			103 Kent	mere Aven	iue	01	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type ar print)	MILFO		Middle H •	Sprechei	4. DATE OF DEATH	MAY	18	Yeor 1960
	5. SEX	6. COLOR OR RACE White	7. MARRIED T	NEVER MARRIED [B. DATE OF BIRTH	lost	birthday) Months	Doys Hau	
	Medical	king life, even if retired)	Med	ef Business or ind licine	Hagerst		12. C	U.S.	
1	15. WAS DECEASED EVE	R IN U. S. ARMED FORC	CES? 16. SOCIAL		INFORMANT Irs. Margot		Address Elkto	n, Md.	
	Conditions, if a gove rise ta i cause (o), stoting lying couse lost. PART II, OTHORSON OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under (c) SER SIGNIFICANT COND THE A LEC	Rec DITIONS CONTRIB	eriose WAUN	Wocard 1	CONTAND CON	FAVE TION DITION GIVEN IN PA 1953	ART I(a) 19. W. PE	AS AUTOPSY RFORMED?
	20c. TIME OF INJUR Hour o. m. p. m.	19	While No	ot while work	PLACE OF INJURY (Hame, for factory, street, office bldg.,	etc.)		(County)	(Stote)
	actual signature	GEORGE J.	1960 KREIS		th accurred at 11 549				
	220. BURIAL, CREMATIO REMOVAL (Specify) Burial		110.11	NAME OF CEMETERY	or crematory emetery	22d. LOCATION (C		N	State) Id.
	23. FUNERAL DIRECTOR PIPPIN FU	S SIGNATURE NERAL HOM	- VI 1	dh Des	Elkton, Moto	MAY 25 '60	24b. REGISTRAR'S	SIGNATURE 7 S. Kraus	4

a was a south of the same (A) A ME a billion AZ E H a market in the property of the party of the period and the Marin City and the state of t and the Committy Servender and the servence of Secretary and resident and the secretary and the secretary The state of the s DESTRUCTION OF THE SECOND PROPERTY OF THE SECOND SE

lease exe	shauld by		crematian	1
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral lirector. Page 4 should be		O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the register prior to burial, cremation	(
ay is nee	-firectar.	28.	F prior h	
any del	funered	or you	regiser	
seath. If	3 to the	stained f	with the	
rs after c	1, 2, and	nay be re	I and 2	
1 24 hav	Pages	Page 5 n	ile poges	1
ed within	18. Give	n PM3.	ermit. F	
e execut	in Item	with farr	transit p	
shauld b	in pencil	e alang	a burial	
rtificate	"guibue	or's Offic	used as	
2: This ce	ward "pe	Examine	hauld be	
CAMINE	ling the	Medical	Page 3 s	
SICAL EX	cate, wri	he Chief	RECTOR:	
UTY MEE	Pertific	to t	ERAL DIS	and a
O DEP	cute 1	forwe	O FUN	ar remayal.

1	3					TATE DEPART							05		A
please exe 4 shauld be cremation,		1.	PLACE OF DEATH	5675							d Cond of Lastin	Reg. Di			
A s	(M)	-		Jecil -		MARYL			MG.		b. COUNT	Cecil			
age		1	ond give necrest town	outside corporate limits, wri	ie RURAL	c. LENGTH OF STAY II	N 16	c. CITY OR 1	TOWN (IF or	utside corp	orate limits, write	RURAL and	give ne	earest lo	wn)
r. F				n R.D.	er and in hou	pital, give street oddress		d. STREET A	Elkton	, R.D	•#3			I - Ie ni	ESIDENCE
directo	X	L	. NAME OF HOSFII	AC OK INSTITUTION	(ir nor in nos	pilat, give street oddress		d. STREET AT	DDKE22					ON	A FARM?
delo	. /	3.	NAME OF DECEASED	Fi	rsl	Middle		Lost	4.	. DATE	Manti	h	Day	Y	•ar
any fune r yo		_	(Type or print)	Erne		F.		tewart	100	DEATH	5	,	211		9 60
he f		5. 5	SEX	6. COLOR OR RACE		D NEVER MARRIED	are:	200000000000000000000000000000000000000			9. AGE (In years last birthday)	Months	Days	Hours	ER 24 HRS Min.
市市			M	W	WIDOWED	_	_ ,	3-27-192			59 yrs.				
ded de		100	. USUAL OCCUPATION In the control of working most of working the control of the c	ON (Give kind of work ig_life, even if retired)	done 10b. K	IND OF BUSINESS OR IF	NDUSTR	Y 11. BIRTHPLA	CE (Stote or	r foreign co	untry)	12. CITI	ZEN OF	TAHW	COUNTRY
fer and be			Paper M		El	kton Paper	Cp.		phand				U.S	A	
may 2	1	13.	FATHER'S NAME					14. MOTHER'S A	MAIDEN NA	WE					
Ses Ses	1			vey E. Ster					ah An	n Die	k				
24 har Pages age 5		15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FO (It yes, give wor or dates o	service)			FORMANT			Address				
Give			no			214-01-0378	Mı	s Edna	Judd 1	Holli:	ngsworth	Manor	E1	ktor	, Md
PM3				TH [Enter only one co	use per line t	for (o), (b), and (c).]				9 - 5	A STATE		INTER	VAL BETWE	EN
ra la			PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Bui	llet Hole r	ighi	side o	f head	d abor	ve wight	ear			3-9
lten h fa			776	DUE TO											
wit -tro			Conditions, if a		pait c	orner left	eye	at nose	- Lace	erate	d left s	ide o	e		n. txd
hauld I penci alang aburial			(o), stating the cause last.		thr	oat									
ficate s fing" ir Office		ATION	PART II. OTH	HER SIGNIFICANT COM	IDITIONS CO	INTRIBUTING TO DEATH	BUT NO	OT RELATED TO 1	THE TERMINA	ALDISEASE	CONDITION GIV	VEN IN PART		PERFO	AUTOPSY PRMED?
pend pend per's	0	CERTIFIC	20a. EXTERNAL CAU PRIMARTI or COI CAUSE OF DEATH.	JSE WAS	0b. DESCRIBE	HOW INJURY OCCURR	ED. (En	ter nature of inju	ury in Port I	or Port II o	f item 18.)				
his d			CAUSE OF DEATH.	41KIBOTII4O B	Sho	t self with	320	alibar	Revola	Vare					
War Exc hau		MEDICAL	20c. TIME OF INJUI		or 20d. I	NJURY OCCURRED 200	. PLAC	E OF INJURY (He	lome, form,	20f. (City	or town)	(Cou	nty)		(Stote)
Se Se		MED	12-50 p. m.	5 21:19	60 of wor	at the same of the	House	y, street, office I	biog., eic.)	milet.	B B	200		1	id.
A Wed						emains described			Autopsy		spection .	Inquir	7		find the
EX Parity			death resulted	from: Natural	couses [, Accident ,	Suic	ide 🔲, Ho	omicide [determined of				
To be	1		(4)	008	-/	1 00		35							
fica the	L		ACTUAL	LIVO	MI	con		M.D. CHIEF ME	EDICAL EXA	MINER				DATE S	IGNED
ortif to	<u>-</u>		JOHA TORE				-	,M.D.	NT MEDICAL	_					
5	NO.		EXAMINER'S NAME (Type)	2.C.Dodson					MEDICAL EX			5-4	25-6	0	
cute 1	2	220	BURIAL, CREMATIO	N, 22b. DATE THERE	OF	22c. NAME OF CEMETER	Y OR C	REMATORY	12	2d. LOCATI	ON (City, Iown,			(Stote	0)
0 3 20	ō	1	REMOVAL (Specify)		8.196								Md		
	0	23.	FUNERAL DIRECTOR	S SIGNATURE	7.1301	ADDRESS	Ce C	oncepti	24a. REC'D		On Ceci	STRAR'S SIG		E	
VS. A15ME(5	5)		गुवड स्त्रात		th Eas	st, Maryland	1		DAMAY :	3 1 '60	0.1	hun 8 H	TAMA		
5M 9/55	300	-				THET A T SHI			19974	V 1 VV	1 Cox	- Al , 71	A Parada		

	PYART TO STADING			
Marian.			'4	
	Paya San Think			
er per el les lines	March 2000 are no second at the Period of			
	€ • • • •	0.77		
			Janes .	
	In 19	- C	diseurali Laurani, montra estra e La mediae	
4 H 4		10 ·		1
			ASSESSED FOR LL	
	distant distant			
				OI
		<u>r</u>		
		e Allen ei <u>t</u> he os The season		
		a Politic (n <u>e</u> n os o como o sa sem o		
	la fill bellingmi .onpri	a Politic (n <u>e</u> n os o como o sa sem o		
		a Politic (n <u>e</u> n os o como o sa sem o		
I.o.				

VS. A15ME(5) 5M 9/55 H

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
WEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	1

Reg.	Dist.	No.	5	6	6.)

1. PLACE OF DEATH 6. COUNTY	CECIL		MARYLAI	2. USUAL RESIDEN	ICE (Where decease aryland	ed lived. If Instit b. COUNT			dmission)
b. CITY OR TOWN	(If outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN		VN (If outside corp	porgte limits, write			town)
and give nearest too Perryvi	wm)		2 Days	× Port Deposit.					
	ITAL OR INSTITUTION	If not in hospi		d. STREET ADDR				e. 15	RESIDENCE
	Perry Point.	Md		221, 1	Wain S	t.reet.			N A FARM?
3. NAME OF	Fi		Middle	Lost	4. DATE	Mont	th.	Day	Yeor
(Type or print)	Lerov			Taylor	OF DEATH	Mav	11.	00,	19 60
5. SEX			NEVER MARRIED			9. AGE (In years	IF UNDER	TYEAR IF U	NDER 24 HRS.
Male	Negro	WIDOWED		9-7-99		60 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KII	ND OF BUSINESS OR IND		(State or foreign c	-	12. CITI	ZEN OF WH	AT COUNTRY?
Fireman (ing life, even if retired) (Boiler)	Ho	spital	Gravel	llv Hill.	Ma		USA	
13. FATHER'S NAME	2022027		DDIGAL	14. MOTHER'S MAIL		Tita		UDA	
William	H. Taylor			Georg:	ianna War	field			
	VER IN U. S. ARMED FO		OCIAL SECURITY NO. 17	. INFORMANT		Address			
/ NO	(ii yet, give war or adies or	service)		Hannah Tavl	or (W)	Pt. Depo	sit. M	ld.	
18. CAUSE OF DE	ATH [Enter only one co	se per line fo	or (o), (b), and (c).]					INTERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:	Fracti	eres, Multip	le, of the	left calv	varium,		2 da	ys
1901	DUE TO	tempor	ral and fron	tal fossa,	with loss	of brai	in		
Conditions, if	ony, which) (b	Subdu	ural hemorrh	age, right.		subs	stance		
gove rise to imme	ediale cause		iple contusi	ons and abra	asions of	the hea	ad		
couse last.	(c), stoting the underlying (c) and lacerations of left ear								
PART II. OT	THER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH BL	IT NOT RELATED TO THE	TERMINALDISEASI	E CONDITION GI	VEN IN PART	PER	S AUTOPSY FORMED?
20g. EXTERNAL CA PRIMARY DOF CO CAUSE OF DEATH	USE WAS	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter noture of injury i	n Port I or Port II	of item 18.)			
	·	Fell i	from ladder	18 feet hit	ting floo	T.			
20c. TIME OF INJU			JURY OCCURRED 200.	PLACE OF INJURY (Home octory, street, office bldg	form, 20f. (City	or town)	(Cou	nty)	(Stote)
3:30 M	5/9/6019	While of work	1401 WILLIA	V.A. Hospita		rv Point	Cec	17	Md
21. I certify I	hat I taak charge	af the re	mains described a						d find that
death resulte	d fram: Natural	causes 🔲	, Accident X,	uicide , Homi	icide 🗍, Ur	ndetermined	cause 🗍		
1/2	10060	0 0	4 00						
ACTUAL SIGNATURE	ceny	ode	rou	M D CHIEF MEDIC	AL EXAMINER			DAT	E SIGNED
					EDICAL EXAMINE	R 🔲			
EXAMINER'S NAME (Type)				DEPUTY MED	ICAL EXAMINER	3			
REMOVAL (Specific	5/15/	60 1	2c. NAME OF CEMETERY	OR CREMATORY,	22d. LOCAT	TION (City, town,	or county)	mis	(ate)
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	240.	REC'D BY REGIST		STRAR'S SIG		
Kinle	Mxell	rek ,	Havrede 9.	luce DAT	E MAY 16'	60 0	between d.	Thates	

MARYLAND STATE DEPARTMENT OF HELD HE-SALTIMORE, THE CELEBRATE OF DEATH.

				Market Market		
		- 211			c	
					- ec	
	(11)					
			111-11-11			
			Separate Separate			
			The same			
			the second			
			Action 2 Control			
			with the			
	Э (4		The second second second	
The Market	in the same of		KINGS INVEST			
THE SE		1975-1975	A STATE OF THE PARTY OF THE PAR			
			THE RESERVE			

VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5676	CERTIFICATE OF DEATH	Reg. D

		567				TE OF DEA		ilmokt, i	Reg. D		666	
1. PLACE a. COI	OF DEATH UNITY	Cecil		MARYLA		2. USUAL RESIDENCE (a. STATE Md.	Where decease	d lived. If institution b. COUNTY	on: Reside		re admissi	on)
b. CITY	Y OR TOWN ((If outside corporate limineares) town)	ts, write	c. LENGTH OF STAY IN	N 16							
	ME OF HOSPI INSTITUTION	Union Hos				d. STREET ADDRESS						DENCE FARM? NO
3. NAME DECEA (Type of	CED	Fin		Middle NRY	TAY	LOR Lost	4. DATE OF DEATH	May 31,	196	De De		Yeor
5. SEX Mal	Le	6. COLOR OR RACE	7. MARR	DIVORCED	_	Date of Birth	927	9. AGE (In years last birthday) 32 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a, USU, durin	al occupation of will seem bil	ON (Give kind of work rking life, even if retired YMAN	done 10b.	en. Motor		Virgin		country)	12. CI1	MS!	WHAT C	OUNTRY?
3. FATHE	Jame	s Taylor				14. MOTHER'S MAIDER	4 100	Eller				
Unkn	unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	0-28-7121	Mr;	ormant 5. Evelyn	S. Ta	Add		ctor	. Me	d.
1B. C		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	- / /	e for (a), (b), and (c).]	03	buchon (Stom	sch)		INT	ERVAL BE	TWEEN DEATH
gov	nditions if de rise to se (a), stating g cause last.	the under-	Ca	reinmo	9	Stower				6.	Moxi	址
CERTIFICATION COR	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	'EN IN PA	RT 1(o)	PERFO	NO S
	ACCIDENT W CONTRIBUTING THER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury	in Port I or Po	rt II of item 18.)				
WEDICAL	TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Ye	or 20d. It While ot worl	Not while	0e. PLAC facto	E OF INJURY (Home, for ry, street, office bldg.,	etc.)	y or town)		(County)		(Stote)
ACTU SIGN	e an ATURE	HENRY V	decease 1960 MDA	ons land that d	death c	D. OHE		the causes an street, city or town.			stated	
Bur	OVAL (Specify	June 4, 1	960	22c. NAME OF CEMET		ion Cemet	ery !	TION (City, town, o	N.C		(State	<u>*</u>)
PIPF		NERAL HOM	E Do	naldh DuE	lkto	on, Md DATE	AUN 2		STRAR'S SI			

Administration as a contract to the little contract. get Bi . S atting . A street of the same o era Project Land Community and - 3 TO 16 TO the same of the sa with the state of the constraint distant description with the contract of the The supplier of the second of the supplier of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5677 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND c. LENGTH OF STAY IN 16 Weeks First Middle Last RANDET ALBERT 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED [DIVORCED-

a. COUNTY b. COUNTY CECIL CECTL b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) RISING SUN. MD. RURAL d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NOT NAME OF 4. DATE Manth Day Yeor DECEASED OF DEATH (Type or print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours M. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FILLA BARROW 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO HOLLOWELL DEPOSIT. 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [] 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) a. m. While Not while at wark at work 21. I certify that I attended the deceased fram. 0. 19 Lithat I last saw the deceased and that death occurred at 11:301M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) PEACHOVE ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S 24g. REC'D BY REGISTRAR

Rising Sun Md PATE WAY

Onthur & Frank

Fille papers. puo UD 0 physici move hours attending 2 a permit. been signed physicion. burial-tr certificate has attending the far DIRECTOR: 0 page 0

director,

funeral

24

death

that

requires

Pin

PLACE OF DEATH

VS A1S (4) 1SM 9/SB

OR

age of the filtre by the same of the same . In . or . its garage of the control of the contro Acceptation and Administration of the Control of th THE SAME OF THE SECOND STATE OF THE SECOND STATES O The state of the second of the second of the second CERTIFICATE OF DEATH

Rea

05668

5673	GERTII TO			Reg. Dist. No.	1.00
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Maryland	sed lived. If institution b. COUNTY	Residence before admis	sion)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) ELKTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor		RAL and give nearest tow	n)
d. NAME OF HOSPITAL (If nat in haspital, give str OR INSTITUTION Union Hospi		/d. STREET ADDRESS RD # 4		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) ARIO	Middle E.	LIMER 4. DATE	-	C.F	Year 1960
Female White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 1,1937		Months Days Hours	_
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign Delaware	country)	12. CITIZEN OF WHAT O	COUNTRY?
13. FATHER'S NAME Edward Davis		14. MOTHER'S MAIDEN NAME Florence (Colver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)		rancis L.Ulmer	Elkton,	Md.RD# 4	
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. Conditions Conditions	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISE.		N IN PART 1(a) 19. WAS	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part 1 or F	Port II of item 18.)] NO [4
Haur a.m. WI		ACE OF INJURY (Home, form, 20f. (Coctory, street, affice bldg., etc.)	ity or town)	(County)	(State)
21. I certify that I attended the decorative an	Sischer Fischer	M.D. 162 W 1 EIKTOI	n the causes and (Street, city or town, st MAINS	5T. 3/	d abave signed
220. BURIAL, CREMATION, BURIAL (Specify) May 11,19 23. FUNERAL DIRECTOR'S SIGNATURE	Newark Cen		ewark, Del		te)
K.T. Loues n	evoca W	DATE MAY 1 3		Luc 9 H	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be nied by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO FUNER

VS A15 (4) 15M 9/5B HTASO TO EFADITORES 100 1 1 m 1 m 1 m 1 E CANADA BROOK CO think complete wasting account .fod, Snever _____ for the control for for for the control for for the control for the control

MARYLAND STATE DEPARTMENT OF HEALTH

		569		CERTIFICAL RESEARCH A	AND RECORDS — BALL		(LAND	056	569
1.	PLACE OF DEATH D. COUNTY	Cecil	**	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Virg		. If institution: Re b. COUNTY	esidence befo	ore admission)
	b. CITY OR TOWN (I RURAL and give no Perry P	If outside carporate limit earest town) oint	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	autside carporate li	mits, write RURAL	ond give ned	arest tawn) 3 X-3
	OR INSTITUTION	Administra			d. STREET ADDRESS	olumbia	Pike		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type ar print)	J OH		Middle A.	WILFONG	4. DATE OF DEATH	Manth May	. 5	1960
S.	Male Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-7-19	9. AC los		NDER 1 YEAR	Hours Min.
10	during most af war	ON (Give kind of wark of king life, even if retired) rator		kind of Business or Indu	USTRY 11. BIRTHPLACE (Store) 1:	USA	F WHAT COUNTRY
13.	FATHER'S NAME	John C. W	ilfo	ong	14. MOTHER'S MAIDEN	NAME th Simons			
15 (Y		R IN U. S. ARMED FOR (If yes, give war or dates of se WW II	evice)	SOCIAL SECURITY NO. 17.1223-14-9186 M	nformant rs. Nada Wil	fong, Wif			ch, Va. bia Pike
		ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cs	ne for (a), (b), and (c).] ardiac arrest	5-4-60				ERVAL BETWEEN SET AND DEATH
	Conditions, if o gove rise to i cause (o), stoting lying cause lost.	mmediate (Bi	lopsy of Lary	nx under ger	neral ana	esthesia	1	
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN II	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury i	n Port I ar Part II of	item 18.)		
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Yea	20d. II While at war	Not while fo	LACE OF INJURY (Hame, fa actory, street, office bldg., e	rm, 20f. (City ar ta	wn)	(Caunty)	(State
				ded the deceased fram.			,	1960, W	stated abave
	220. SIGNATURE	02	H	as es a	ATTENDING _	MED ST.	AFF		22b. DATE 5-5-60 SHEET
1	22c. PHYSICIAN'S NAME (Type)	1			22d. ADDRESS				

23c. NAME OF CEMETERY OR CREMATORY

Marmet

ADDRESS

Havre de Grace, Md.

Clinical Pathologist, V. A. Hospital, Perry Point, Md.

25a. REC'D BY REGISTRAR

DATE

MAY 1 0 '60

23d. LOCATION (City, tawn, ar caunty)

Eastbank, West Virginia

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(Stote)

by the funeral directar, and 2 shauld be filed with Then please remove carban papers. Pages 1 DIRECTOR: After this certificate has been signed by the attending physician and campletely fill and in any event, within 72 hours after death page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remayal, ined by the haspital ar attending physician. TO FUNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VR A1S (4) 15M 9/S9

23b. DATE THEREOF

& Son

BURIAL, CREMATION.

24. FUNERA) DIRECTOR'S SIGNATURE

Rennington

REMOVAL (Specify)

righett				
	Camil Early	non F		
	esal alternation (1984)			
	pur la			
	RI-1			
		any len do re		
	anosis dradu il		tra lifety	
	,	.vii 3840-91-014		
		- Common patrick		
		a control to total		
	25 0 0 1	Life Chieses of Inc.		
	CONTRACTOR AND STATE			TE THE
	rignell forpol			
		Second Second		
The second		All apresided fory	10 10 10	

,				1
please exe-	should be		cremation,	(
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune of director. Page 4 should be	dical Examiner's Office along with form PM3. Page 5 may be retained for you lies.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.	
L EXAM	writing	hief Med	OR: Pag	
MEDICA	rtificate,	to the C	DIRECT	
DEPUTY	of ce	Parmi	FUNERAL	or removal.
2	Ç	fo	0	0

VS. A15ME(5) 5M 9/55

1	t	em 20b Fi	1m 2MARY	EDIC/	STATE DEPARTMENTS	CERTIFIC	ATE OF	DEATH	18 () () () (Reg. Dist. N	5670
1	1.	PLACE OF DEATH	Cecil		MARYLAND	2. USUAL RESIDENCE OF STATE MARY		sed lived. If Institu b. COUNT		efore admission)
	1	o. CITY OR TOWN (If and give neorest town) Perry Poi		ie RURAL	c. LENGTH OF STAY IN 16 8 days	1	(If outside cor	porote limits, write	RURAL and give	nearest town)
50			AL OR INSTITUTION		ospital, give street address)	d. STREET ADDRES	ss ck Spri	ng Road		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Fi RICH	ARD	Middle G •	Lost WYSONG	4. DATE OF DEATH	Month Ma.v	h Do	Year 19 60
	5. \$	Male	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIED B			9. AGE (In years lost birthday) 29 yrs.	Months Days	
	10a		ON (Give kind of work g life, even if retired) ed—Studen	done 10b.	KIND OF BUSINESS OR INDUST	Maryla		country)	12. CITIZEN	S.A.
	13.	Francis W	ysong			14. MOTHER'S MAIDE Mary Wr				
I	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of Korean		184-22-28/5	Mary Wys	ong, Mo	Address	636 Rock Bel Air,	Spring Ro Maryland
V		PART I. DEAT 900. 7 Conditions, if or gave rise to immed (o), stoting the ucuse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO: Iy, which liote cause and or couse (c) Inderlying)	o for (a), (b), and (c).] Cerebral concus				ON	RYAL BETWEEN SET AND DEATH
2	CERTIFICATION	20g. EXTERNAL CAU	ISE WAS 2		CONTRIBUTING TO DEATH BUT N BE HOW INJURY OCCURRED. (E				EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
07	MEDICAL CERT		Y Month, Day, Ye 5/5 19	ar 20d. White of the	down step of l INJURY OCCURRED 200. PLAC ile _ Not while _ focto	E OF INJURY (Home, ory, street, office bldg., lding 24 ve, held an Auto	form, 20f. (City etc.) VA F	or town) Hospital.	(County) Perry I	(Slate)
7		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	R. C. D	ODSON.	non	_M.D. CHIEF MEDICA	L EXAMINER DICAL EXAMINE	R 🔲		DATE SIGNED
	22a	BURIAL, CREMATION REMOVAL (Specify) BUTIAL		OF	22c. NAME OF CEMETERY OR Rock Spring	CREMATORY		TION (City, town, o		(Stote)
		FUNERAL DIRECTOR: Joseph T.	4	1	Home, Bel Air,	262	EC'D BY REGIST		STRAR'S SIGNATU	